

School Asthma History and Needs Assessment

Student Name: _____ Teacher/Team: _____

How long has your child had asthma? _____

What signs and symptoms signal a flare up of your child's asthma _____

Child's personal best peak flow number is _____

Green Zone (80-100% Personal Best) _____

Yellow Zone (50-80% Personal Best) _____

Red Zone (Below 50% Personal Best) _____

How many times has your child been taken to an ER due to asthma? _____ When? _____

How many times has your child been placed in the hospital due to asthma? _____ When? _____

How many days of school did your child miss due to asthma last year? _____

Describe any special care your child requires at school _____

Any dietary restrictions to follow at school _____

Describe the plan of care in the event of field trips, after-school activities and exercise _____

Equipment and Supplies Provided by Parents: _____ Daily Asthma Medications
_____ Emergency Asthma Medications
_____ Peak Flow Meter Supplies
(with mouthpiece)
_____ Spacer for Meter Dose Inhaler Use

Please list asthma and allergy medications that your child takes at home:

I rate my child's need for additional knowledge about asthma as:

0-None 1-Very Low 2-Low 3-Moderate 4-High 5-Very High (please circle one)

I rate my child's need to improve skills for self-management of asthma (use of inhalers, peak flow meters, symptom reporting) as:

0-None 1-Very Low 2-Low 3-Moderate 4-High 5-Very High (please circle one)

I rate my child's health problems related to asthma currently as (Optional: See Asthma Control Tool)

0-None 1-Very Low 2-Low 3-Moderate 4-High 5-Very High (please circle one)

I rate my level of concern about asthma posing a safety risk for my child at school:

0-None 1-Very Low 2-Low 3-Moderate 4-High 5-Very High (please circle one)

I rate MY need for additional asthma information as:

0-None 1-Very Low 2-Low 3-Moderate 4-High 5-Very High (please circle one)

Asthma Needs Score: _____ (sum of item scores)

Person Interviewed _____ Date _____

Signature of School Nurse _____ Date _____